2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90220 001 ***150.00

012694 AV

DOCUMENT # P02000004881

1. Entity Name
ALCOHOL DETOX PHARMA, INC.

Principal Place of Business	Mailing Address
1170 HWY A1A SATELLITE BEACH FL 32937	1170 HWY A1A SATELLITE BEACH FL 32937

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-053129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, RAPHAELA
1170 HWY A1A
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCABE, RAPHAELA 128 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUSCO, ANTHONY JR 812 BRINY AVE., APT. 8A POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raphaela McCabe Vice Pres. 5/13/03 321-777-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
80119789

ALCOHOL DETOX PHARMA, INC.

A. D. Pharma, Inc.
1170 Highway AIA,
Satellite Beach, Florida 32937

Phone: 321-777-7344
FAX: 321-777-7434
e-mail: Notox4u@aol.com

Tuesday, May 13, 2003

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Document No. P02000048811 FEI No. 02-0531329

Dear Sir or Madam:

Please accept my apologies for sending my payment for the above referenced Document in late. Today I called the 850 phone number and was informed to send a letter of explanation, along with the check for $150.00 and the filled out form to prevent the penalty for lateness fee.

I have been going through Chemotherapy since February of 2003, and unfortunately, along with my own well being, my corporation has been affected. I am only starting to get back to work now and realized that this Uniform Business Report was not paid. Again, my apologies and I thank you for canceling the penalties for the tardiness.

Thank you in advance for your help and cooperation in this matter.

Best Regards,

Raphaela McCabe

Raphaela McCabe, Executive Vice President
Alcohol Detox Pharma, Inc.
1170 Highway A1A
Satellite Beach, Florida 32937
321-777-7344 PH
321-777-7434 FAX